



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, PACIFIC TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL.: 587-0460 FAX: 587-0470

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LOBBYIST REGISTRATION FORM

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(See back of this form for instructions)

(Type or Print Clearly)

STATE OF HAWAII
STATE ETHICS COMMISSION

PART I LOBBYIST

NAME (Last)	(First)	(Middle)	TELEPHONE
MONET	SHARYN	STEPHANI	531-1628
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
677 Ala Moana Blvd., Ste. 301,	Honolulu	HI	96813
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			(City) (State) (Zip Code)

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE
HAWAII NURSES ASSOCIATION	531-1628
MAILING ADDRESS (Street)	(City) (State) (Zip Code)
677 Ala Moana Blvd., Ste. 301	Honolulu HI 96813
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE
Maureen McCarthy	531-1628
MAILING ADDRESS (Street)	(City) (State) (Zip Code)
677 Ala Moana Blvd., Ste. 301	Honolulu HI 96813

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Agriculture | <input checked="" type="checkbox"/> Education | <input checked="" type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operations & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input checked="" type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input checked="" type="checkbox"/> Ecology, Energy, Environmental Protection | <input type="checkbox"/> Housing | <input checked="" type="checkbox"/> Public Safety & Corrections | |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Sharyn Stephani Monet

(Signature of Lobbyist)

1-10-03

(Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Christi L. Keliipio	Executive Director
NAME OF ORGANIZATION (if applicable)	TELEPHONE
Hawaii Nurses Association	531-1628
MAILING ADDRESS (Street)	(City) (State) (Zip Code)
677 Ala Moana Blvd., Ste. 301	Honolulu HI 96813
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.	
<i>Christi L. Keliipio</i>	01-06-03
(Signature of Authorizing Officer or Person Represented)	(Date)